Request for Emotional Support Animal

This form is to be used by an applicant applying for or a current resident of Mathis Housing Authority to request a change in a rule, policy, or procedure to his/her Dwelling Lease, Animal Ownership Addendum, or non-housing program because of his/her disability.

This form should be completed by the applicant/resident in need of an Emotional Support Animal unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case, the applicant/resident's designee may complete the form.

Please let Management staff know if you need assistance in completing this form. Management staff will assist upon request. Applicants should send the completed form to the Applications Department. Residents should deliver this form to their Property Manager.

The Fair Housing Act prohibits discrimination in housing based on race, color, religion, national origin, sex, familial status, or disability.

Date of Request: _____

1. Name of the applicant/resident with a disability requesting the accommodation:

   Name: _____

   Phone: _____

   Address: _____

2. Name of person completing this form if not the individual listed above:

   Name: _____

   Phone: _____

   Address: _____

Definition: The Department of Housing & Urban Development's definition of an assistance animal is "…an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or that provides emotional support that alleviates one or more identified effects of a person's disability. An assistance animal is not a pet."

3. Please complete the following information.

   a) ☐ Yes ☐ No I have a disability[1].

   [1] In accordance with FHEO Notice: FHEO-2013-01, a disability is described as a physical or mental impairment that substantially limits one or more major life activities.

b) ☐ Yes ☐ No I have a disability-related need for an Emotional Support Animal[2].

[2] In accordance with FHEO Notice: FHEO-2013-01, the assistance animal must work, provide assistance, perform tasks or services for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability.

c) ☐ Yes ☐ No Does that assistance animal pose a direct threat[3] to the health or safety of others that cannot be reduced or eliminated by another reasonable accommodation?

[3] An assistance animal cannot be aggressive or threatening in any way toward a person or other animals.

d) ☐ Yes ☐ No Does that specific assistance animal in question cause substantial physical damage to property[4] of others that cannot be reduced or eliminated by another reasonable accommodation.

[4] An assistance animal cannot routinely damage the physical structures or grounds of the landlord or neighbors.

e) ☐ Yes ☐ No Is this assistance animal required because of a disability?

Verification: You may verify that I have a disability (but not the nature or severity of the disability) and my need for this request as a direct result of my disability and necessity of an Emotional Support Animal by contacting the following person/s: (Give name, address, phone number of your **professional medical provider (IE: physician, psychiatrist, or mental health professional).** This individual should be able to verify that the Emotional Support Animal provides emotional support that alleviates one or more of the identifiable symptoms or effects of an existing disability

Name: _____

Title: _____

Address: _____

Phone: _____

Release of Information:

I give you permission to contact the above individual(s) to verify that I, or a family member that is under my guardianship, has a disability and needs the Reasonable Accommodation in an assistance animal requested above as a direct result of this disability. I understand that the information will be kept completely confidential and used solely to determine if you will allow for an accommodation/modification in an assistance animal.

Signed: _____ Date: _____

Certification of Need for
An Emotional Support Animal as a Reasonable Accommodation

Date:_____

Dear _____ (name of medical provider),

_____(name of Applicant/Resident) has given the New Boston Property Management and NETX Properties permission to contact you (see attached) to verify that he/she has a disability within the meaning of the definition provided below, and **as a direct result of his/her disability**, needs a change in a rule, lease, policy, procedure, or service. Please **do not** send us medical records or disclose what type of disability he/she has. *Please return this form to the New Boston Property Management using the stamped self-addressed envelope provided.* This form will not be accepted from the patient. Thank you.

Definition: The Department of Justice's revised the American Disability Act's definition of an "Assistance Animal" as "any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability." The revised regulations specify that "the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition." (28 CFR § 35.104; 28 CFR § 36.104)

Please answer the following questions:

a) ☐ Yes ☐ No This individual has a disability[1].
[1] In accordance with FHEO Notice: FHEO-2013-01, a disability is described as a physical or mental impairment that substantially limits one or more major life activities.

b) ☐ Yes ☐ No This individual has a disability-related need for an Emotional Support Animal[2]. Without the Emotional Support Animal, the individual would be substantially limited in one or more major life activities.
[2] In accordance with FHEO Notice: FHEO-2013-01, the assistance animal must work, provide assistance, perform tasks or services for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability.

c) ☐ Yes ☐ No Does this assistance animal in question provide services required to meet the needs of the person with a disability? The assistance is not just convenience but is required for the mental and/or physical wellbeing of the individual in question.

I will testify under oath that the above information is true to the best of my knowledge. I understand that false information is punishable under Title 18, Section 1001 of the U.S. Code.

Medical Provider's Signature | Printed Name

Name of medical facility or type of profession (physician, psychiatrist, social worker, etc.)

Name of Individual Supplying Information | Title of Individual Supplying Information

Address

Phone | Date

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly making false and fraudulent statements to any department of the United States Government, HUD, the Property Management, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information. Use of the information collected based on this verification form is restricted to the purposes cited above.

If you have any questions about filling out this form, please call the **ADA Coordinator, Telephone 903-628-2951 or TTY 903-628-2279.**

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.

EQUAL HOUSING OPPORTUNITY

REASONABLE ACCOMMODATION AGREEMENT
For Emotional Support Animals

Applicant's Name: _____

Address: _____

Telephone Number/TTY: _____

Date: _____

New Boston Property Management agrees to make the reasonable accommodation(s) described below, to provide the named applicant an equal opportunity to have an Assistance Animal reside in/on Management's property. This agreement is being entered into solely to permit the applicant an equal opportunity to use and receive the benefits of housing benefits. It is not a lease addendum and shall not be enforced as a pre-condition for a continued occupancy.

Description of Assistance Animal:

_____

_____

_____

_____

_____

Name: _____

Signature: _____

Manager's Name: _____

Signature: _____

Date Agreement Executed: _____

Note: send copy to 504/ADA Coordinator

EQUAL HOUSING OPPORTUNITY

REASONABLE ACCOMMODATION AGREEMENT
For Residents

Resident's Name: _____

Address: _____

Telephone Number/TTY: _____

Date: _____

New Boston Property Management agrees to make the reasonable accommodation(s) described below, to provide the resident an equal opportunity to reside in public or assisted housing.

Description of Accommodation(s): _____

_____

_____

_____

_____

Resident Name: _____

Signature: _____

Manager's Name: _____

Signature: _____

Date Agreement Executed: _____

Note: send copy to 504/ADA Coordinator